



Taking Social Security before Full Retirement Age is a Necessity for Many



Joseph Peters, Jr.

More than 4 in 10 Americans age 50 and over now say they'll draw from their Social Security benefits before they reach the full retirement age because they can't afford to wait. For many, even if they want to work there are no jobs.

"Drawing early is a necessity for some people, but unfortunately it means that they will receive less from Social Security each year for the rest of their lives," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "It's another

reason we need to expand Social Security and improve its solvency."

The Associated Press-NORC Center for Public Affairs Research poll released last week found that 44 percent report Social Security will be their biggest source of income during retirement. Many low income Americans don't believe they will ever retire, due to concern that their savings won't be sufficient.

Full benefits begin at 65 or 66 for those born between 1943 and 1954. Retirees can begin collecting as early as age 62, but with benefits reduced by up to 30%, according to the Social Security

Administration. Benefits increase considerably for those who wait, rising around 8 percent more for each additional year past age 66 and up to 70, when benefits max out.

The average age at which people expect to start or have started collecting Social Security benefits is 64. Just 9 percent said they would wait until after they turn 70.

The retirement age has been rising in recent years, particularly for women. The average American retires at age 64 for men and age 62 for women, according to the Center for Retirement Research at Boston College.

Drug costs are killing Americans

In 2015, the cost of prescription drugs in the United States skyrocketed by over 10%. Even worse, 1 in 4 Americans did not fill a prescription because they could not afford it.

What has the Republican controlled Congress done to protect patients or ensure access to affordable prescription drugs? The answer: Nothing.

Thankfully, there are solid, common sense solutions to curb the greed and reckless behavior of the pharmaceutical industry.

Both Secretary Clinton and Senator

Sanders have offered detailed, effective plans to lower prescription drug costs while spurring innovation. Both candidates recognize that the greedy practices by drug companies cannot continue. Americans simply can't afford it.

Now is the time for the Democratic Party Platform Committee to publicly declare that the pharmaceutical industry must be reined in.

The American people know that there are stark difference between the two major parties. We know Republicans want to continue the status-quo billion

dollar profits for Wall Street and drug company executives. The Democratic Party needs to ensure every person, not just the wealthy, has access to the prescription medication they need.

Stand with us in telling the Democratic Platform Committee to draw a clear distinction and call for putting patients before profits. **Tell them to include cost-saving measures in the Democratic Platform.**

Thank you, Richard Fiesta, Executive Director, Alliance for Retired Americans



Rich Fiesta

Speaker Ryan's "Better Way" of Fighting Poverty Includes Plenty for Wall Street



This week House Speaker **Paul Ryan** began to unveil his **six-part policy agenda**, a plan to shape

legislation and work towards a "better GOP".

On Tuesday Ryan introduced "A Better Way", his anti-poverty measures that advocate broad policy changes to welfare programs and financial mechanisms. It

recommends common GOP poverty solutions including state block grants and increased work requirements for social programs. Other provisions are aimed at improving specific programs such as Supplemental Security Income (SSI) for children. Ryan's plan calls for therapy in lieu of cash assistance, to include "mental or physical therapies, or special-education services in school."

Ryan and the GOP would also like to

abolish the Department of Labor's recently released "fiduciary rule," which once it is fully implemented in 2018 will require that investment professionals act in their clients' best interests.

"Ryan's change would remove the rule that financial professionals must put their clients' interests before their own," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance.

NLRB curbs justification for permanent replacements

By Mark Gruenberg, Press Associates Union News Service



WASHINGTON:

In a legal win for workers and unions, the **National**

Labor Relations Board (link is external) is sharply curbing employer justification for hiring and using “permanent replacements” for workers forced to strike for economic reasons.

In a 2-1 decision on May 31, involving the Piedmont Nursing Home in Oakland, Calif., and SEIU/United Health Care Workers West, the board majority said employers must prove they do not have other, unlawful, motives for permanently replacing striking workers.

The decision is extremely important. Especially since the 1981 PATCO air traffic controllers strike – when President Ronald Reagan fired all the controllers, who struck over safety issues, and permanently replaced them – employers routinely fire striking workers and bring in “permanent replacements,” or threaten to, sometimes even before a strike begins.

That replacement threat in turn has had a chilling effect on the right to strike, which is theoretically legal under U.S. labor law. The number of strikes has dropped precipitously.

In 1938, Board Chairman Mark Gaston Pearce wrote, the Supreme Court ruled firms could permanently replace workers who strike for economic reasons if the companies establish “a legitimate and substantial justification for failing to reinstate striking employees by showing the strikers’ positions have been filled by permanent replacements.”

“However, the permanent replacement of strikers is not always lawful,” Pearce pointed out. “The board will find a violation” of labor law “if it is shown that, in hiring the permanent replacements, the employer was motivated by ‘an independent unlawful purpose.’”

The catch, Pearce said, was that over the years since 1938, the board and the courts had not enforced that standard, even though the justices reinforced it in 1964. Now, he said, the board will require employers to prove they lack illegal motives for replacing workers.

Neither the AFL-CIO nor the Republican-run House Education and the Workforce Committee immediately reacted to the board’s ruling in American Baptist Homes and United Health Care Workers-West, the official name of the NLRB case.

Pearce explained that nothing in the 1938 Supreme Court ruling or a 1964 High Court decision reinforcing it “suggested the employer’s right was absolute, i.e., that an employer could lawfully replace economic strikers even if it did so for a purpose prohibited by the act.”

In the 1964 decision, the justices said that “When specific evidence of a subjective intent to discriminate or to encourage or discourage union membership is shown, and found, many otherwise innocent or ambiguous actions” normal in business – such as permanent replacements -- “may, without more, be converted into unfair labor practices.”

For a company to hire such permanent

replacements, the board ruled in American Baptist Homes, it must prove it does not have “an independent unlawful purpose” for doing so.

Testimony from the nursing home’s own executive director and its counsel shows “two reasons for its decision to permanently replace strikers: To punish the strikers and the union and to avoid future strikes. We find both reasons are independently unlawful within the meaning of” both Supreme Court cases, particularly the second one, Pearce said.

“This statement evinces an intent to punish the striking employees for their protected conduct, and plainly reveals a retaliatory motive prohibited by the” National Labor Relations Act, he stated.

The nursing home also decided to permanently replace the striking SEIU members because its executive director “assumed the permanent replacements would be willing to work in the event of another strike” and the nursing home did not want to again have to spend money to hire more temps and permanent replacements.

Pearce said the nursing home’s motive is clear from its attorney’s statement to the union that it hired permanent replacements “because it ‘wanted to avoid any future strikes, and this was the lesson they were going to be taught.’ This evidence establishes an additional independent unlawful motive, specifically a desire to interfere with employees’ future protected activity,” the right to strike.

Senate Bill Continues Eroding Social Security Operating Funds



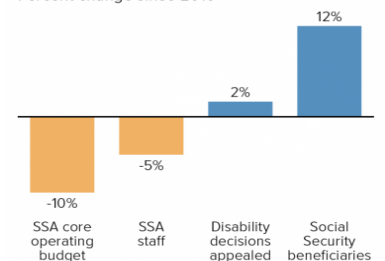
The 2017 funding bill for the departments of Labor, Health and Human Services, and Education that the Senate Appropriations Committee approved today would continue squeezing the Social Security Administration (SSA), which faces a record workload as the baby boomers age into their peak years for retirement and disability.

As our **report** explains, SSA’s core operating budget shrank by 10 percent from 2010 to 2016, after adjusting for inflation. It would shrink another 1 percent under the Senate bill, after inflation.

The cuts have hampered the agency’s ability to perform essential services like determining benefit eligibility promptly, paying benefits accurately and on time, and responding to the public’s questions.... **[Read More](#)**

Social Security Administration Faces Increased Workload with Fewer Resources

Percent change since 2010



Note: Figures compare 2010 to latest available (2016 for operating budget, 2015 for everything else)
Source: Social Security Administration

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Details On Death Certificates Offer Layers Of Clues To Opioid Epidemic



Dr. James Gill walked through the morgue in Farmington, Conn., recently, past the dock where the bodies come in, past the tissue donations area,

A death certificate needs to say more than something vague like "opioid intoxication" to help law enforcement and public health officials curb the distribution of opioids, epidemiologists say.

and stopped outside the autopsy room.

"We kind of have a typical board listing all of the decedents for the day," Gill said, pointing to the list of names on a dry-erase board. "Overdose, overdose, overdose, overdose, overdose. That's just for today."

Gill is the **chief medical examiner** for

the state of Connecticut, and of the nine bodies in his custody that day, four were the remains of the people who likely died from an accidental drug overdose. A fifth was a probable suicide involving drugs. It was a sad but typical day, he explained, with a practical consequence for the state's morgue: Gill is running out of room to store bodies.

"We've had to buy some extra racks and things so we can store more," he told me. "But we really probably need more cooler space. We're kind of outgrowing the storage space here."

In the past two years, Gill's office has seen a more than 50 percent increase in autopsies. That's mostly because of the spike in accidental drug overdoses, he said. Heroin is the big player. Fentanyl deaths have surged, too.

I sat with Gill in what's called the family room just off the lobby of the examiner's office. In explaining why good data on exactly which drugs killed exactly which people is important, Gill recalled a conversation he once had with a mother whose daughter had died of a drug overdose the previous year. The mother called Gill to learn more.

"Can you tell me, did she suffer?" the woman wanted to know. "Was she in pain?"

"And I explained to her," Gill said, "that, with an opioid death, the person just gradually goes to sleep and it's very painless."

"And she started crying," Gill told me, fighting tears of his own. "And it gave her some comfort." ...**Read More**

FDA Eases Paperwork To Help Some Patients Get Experimental Drugs

By Rachel Bluth

The Food and Drug Administration removed an obstacle from of its "compassionate use" policy this month, eliminating some paperwork that physicians must do to obtain experimental drugs for some patients with immediately life-threatening illnesses.

Doctors will now file an application for FDA approval that contains just 11 questions, 15 fewer than the old form. They should be able to complete this new version in 45 minutes, **the FDA said**. The new form is simpler because it was designed for individual patients, replacing an all-purpose format that had been used by doctors acting on behalf of individuals or small or large groups of patients.

There had been concerns that doctors unfamiliar with how to submit the old form might have been deterred from applying for compassionate access, which is also known as expanded access, said FDA spokeswoman Sandy Walsh.

The policy is intended to help patients with incurable diseases who have tried all standard therapies and hope to extend their lives by taking experimental drugs not yet approved by the FDA, said Dr.

Edward Kim, chair of the Department of Solid Tumor Oncology at the Carolinas HealthCare System's Levine Cancer Institute.

The FDA's old form was a "pretty laborious process," Kim said. When doctors are serving patients whose time is precious, every minute saved on paperwork can help, he said.

In streamlining its path to approval, the FDA has bolstered a larger movement in the U.S. to make experimental drugs more accessible to certain patients. Currently, 20 states have "right to try" laws aimed at improving terminally ill patients' access to experimental treatments, according to the Regulatory Affairs Professionals Society.

Despite benefits for time-pressed physicians, the FDA's slimmed-down application form might not speed those drugs faster to patients whose time is running out.

Doctors still must first obtain a letter of authorization from that drug's manufacturer. That's voluntary and the FDA can't compel them to grant permission. Manufacturers might reject

requests because they're worried about liability if the drug causes harm or they might consider the drug unsuited for a particular patient.

"There has been a tendency to focus on this FDA paperwork as the significant part of gaining access to drugs, but where most requests stop is with the company making the drug," said Mark Fleury, a policy analyst at the American Cancer Society Cancer Action Network.

After doctors get manufacturers' consent, they next submit an application to the FDA. It has approved 99 percent of the applications filed for the past six years, FDA figures show. Only 14 out of 1,430 applications were rejected in fiscal year 2015....**Read More**



What Nursing Home 'Memory Care' Means

By *Lisa Esposito*

Good facilities help residents with dementia stay safe, active and engaged.



"Memory care" has a gentle ring to it, a sense of precious keepsakes highly valued and

lovingly tended. In the realm of long-term care, memory care refers to specialized settings offering stepped-up services for people with Alzheimer's or other types of **dementia**. Demand is rising for this type of care – usually found within assisted living facilities and **nursing homes** – despite the premium cost. If you're thinking about memory care for a family member, here's what to consider.

Secured units, alarm devices and enclosed outdoor areas to keep people

safe from wandering are only part of the picture. Staff members should be trained to understand the needs of people with dementia, who can lose the ability to communicate in normal ways yet still respond to verbal cues and sensory stimulation. Good memory care engages residents and gives them space to be active, promotes their physical and emotional well-being and doesn't overly rely on medication.

The type of memory care that is best suited for someone depends on how far **dementia has progressed** and how symptoms manifest. In early stages, people can do well in memory care communities. But eventually, they may need services within a facility.

Nancy D'Auria, assistant director of nursing care at the Hebrew Home at Riverdale in New York City, says families usually seek memory care when they're in a crisis situation. "For the spouse or family member who's caring for them, it just becomes too much," she says. "One day they're just like, 'I can't do this,' and they suddenly start looking for placement."

Along with traditional units, Hebrew Home has a range of memory care, with early-to-moderate and moderate-to-advanced units, D'Auria says. Sometimes new residents can be placed right away, but other times no rooms are available... **Read More**

Why Senior Centers Have So Much to Offer

By *Lisa Esposito*

They're places of learning, activity, health and connection – and they're evolving.

Vearlie Segears, 78, takes two buses to get to the Hattie Holmes Senior Wellness Center in the District of Columbia, and the trip is worth it. "I come in the mornings," she says. "I do open gym – I ride the bike and I walk the treadmill, then I do aerobics. Then I work on the computer." She often sits in on computer classes and notes, "I'm getting to be a whiz."

Retired since 1992 from a career in federal agencies, Segears, who lives alone, has been coming to the center for about

five years. Depending on the day's offerings, she might attend a **nutrition class** or the weekly "Color Me Relaxed" session. But with double knee replacements and implants, Segears doesn't join in the line dancing. She enjoys lunch in the large Multipurpose Room – the salad bar is her favorite. There's always someone to talk to. "It's easy to make friends at the center," she says.



From the RI ARA

Visit the link below for more information on Rhode Island Senior Centers and links to subjects that pertain to the elderly,.

RI Division of Elderly Affairs

Our Mission Statement:

"To preserve the independence, dignity, and capacity for choice for seniors, adults with disabilities, families and caregivers."

The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

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Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973 & S.1651

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